

CERTIFICATE OF OCCUPANCY APPLICATION

(For Existing Buildings which are NOT performing any remodeling or construction)

Location of Business: _____
Street Address Suite #

Name of Business: _____

Previous Occupant (if known): _____

Description of Business (sales, office, salon, restaurant, etc.): _____

Contact Person: _____ **Telephone #:** _____
Name of Owner or Manager

For official use only – This portion of form to be filled out by the Division of Building Inspection

ZONING COMPLIANCE PERMIT: (Y) (N) **CONDITIONS:** _____

NEW RESTAURANT - NEED GREASE TRAP APPROVAL OR PERMIT: (Y) (N)

STATE APPROVAL REQUIRED: (Y) (N)

ADDITIONAL COMMENTS: _____

Approved for Certificate of Occupancy _____
Signature of Building Inspector

Please contact the Fire Prevention Bureau at 859.231.5668 to schedule your inspection.

For official use only – This portion to be filled out by the Fire Prevention Bureau

OCCUPANCY CLASSIFICATION _____ **OCCUPANT LOAD** _____

ANNUAL CERTIFICATIONS - SPRINKLER (Y) (N) (N/A) **ALARM** (Y) (N) (N/A)

EXIT SIGNS (Y) (N) (N/A) **EMERGENCY LIGHTING** (Y) (N) (N/A)

EXTINGUISHERS (Y) (N) (N/A) **HOOD SYSTEM** (Y) (N) (N/A)

DETECTORS (Y) (N) (N/A) **OCCUPANT LOAD POSTED FOR ASSEMBLIES** (Y)(N)

ADDITIONAL COMMENTS: _____

Approved for Certificate of Occupancy _____
Signature of Fire Inspector

There is a \$ 25.00 fee for the Certificate of Occupancy